

## INSTITUTE FOR FAMILY HEALTH POLICY/PROCEDURE STATEMENT FOR GRADUATE MEDICAL EDUCATION

## Policy/Procedure Title: CRITERIA FOR ADVANCEMENT/PROMOTION OF RESIDENTS

ACGME Policy: IRQ IV.D.1

Effective Date: 7/1/12

Reviewed/Revised: 6/13/23

**Scope:** This policy applies to all ACGME-accredited residency programs sponsored by The Institute for Family Health. This policy is superseded by any relevant collective bargaining agreements.

**Purpose:** To establish criteria for the advancement and promotion of residents in graduate medical education programs sponsored by the Institute for Family Health.

**Policy:** The decision to promote a resident from PGY-1 to PGY-2, PGY-2 to PGY-3 and from PGY-3 to graduation will be determined by the Program Director in conjunction with the Clinical Competency Committee.

<u>Criteria for Promotion</u>: The **criteria for promotion/advancement** consist of, but are not limited to, the following:

PGY-1→PGY-2	PGY-2→PGY-3	GRADUATION
Expected Progression in Milestones	Expected Progression in Milestones	Expected Progression in Milestones
Attending/Advisor Evaluations	Attending /Specialist Evaluations	Attending /Specialist Evaluations
Procedures OB Deliveries	Procedures OB Deliveries	Procedures (Required ) OB Deliveries (Incl continuity)
Research Proposal	Research Continuation	Research Presentation
BLS/ACLS/NRP Courses	Home Visits Nursing Home Visits	Home Visits Nursing Home Visits
	ALSO Course	A Minimum of 1,000 hours dedicated to caring for FMP patient s (residents are strongly encouraged to be 10% above this goal)
	Passing score for USMLE Step- 3/COMLEX*	Criteria for graduation and promotion is ultimately at the discretion of the Program Director.

\* Residents are strongly encouraged to take USMLE/COMLEX Step 3 by April 30th of their PGY-2 year; a onetime reimbursement of the Step 3 fee will be paid upon notification of passing and will not be reimbursed thereafter. Failure to pass Step 3 could result in a resident being placed on mandated academic remediation. Non-participation or lack of success in the required remediation process may result in further actions (including probation/ leave or non-renewal of contract for the PGY-3 year).

The above criteria shall be based upon the following parameters, all of which will judged as appropriate for each level of advancement:

1. Clinical Competence – areas include demonstration of adequate fund of knowledge, clinical performance, clinical judgment, knowledge of limitations, and doctor-patient relationship.

2. Medical knowledge - Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to demonstrate an investigatory and analytic thinking approach to clinical situations, and to know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

*3. Professional Behavior* – areas include maintenance of satisfactory working relationship with others, acceptance of responsibility, punctuality, reliability, thoroughness, and completeness and timeliness of medical record.

4. *Communication and interpersonal relationships* - 360 evaluations are included in summative assessments.

5. *Practice Based Learning* - Ability to improve one's practice through quality improvement projects and incorporating evidence based medicine.

6. System Based Learning - Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their patient care and other professional practices affect other health care
  professionals, the health care organization, and the larger society and how these elements of
  the system affect their own practice;
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources;
- practice cost-effective health care and resource allocation that does not compromise quality of care;
- advocate for quality patient care and assist patients in dealing with system complexities; and
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.

It is further expected that all residents satisfactorily attend to their administrative responsibilities including timely completion of all documentation requirements, such as medical records, time sheets, credentialing information, and evaluation forms.

Review of residents regarding promotion will take place during the third quarter of the academic year during semi-annual review. In order to advance to PGY-2 or PGY-3, the resident must be judged competent to supervise others and to act with limited independence. In order to graduate, the resident must be deemed competent to practice medicine independently.

<u>Adverse Action for Poor Resident Performance</u>: Any resident who has received multiple deficient evaluations in any of the six competences may be subject to adverse actions detailed below, as recommended by the Program Director after consultation with the involved faculty and/or Chief Resident(s). These disciplinary actions may only be authorized by the Program Director subject to final review by the DIO.

Adverse actions will be based on documented, recurrent deficiencies or on a single serious deficiency involving an adverse effect on patient care or serious harm to the program, individual staff, faculty members, or fellow residents. Except in the latter case, the resident will have at least one verbal or written warning indication if the deficiencies cited are repeated and adverse action could result. The adverse action will depend upon the nature and degree of the deficiency and could include, but not be limited to, any of the following:

- 1. Written reprimand in the resident's personnel file.
- 2. A period of probation which may include extra/remedial assignments that must be completed satisfactorily in order to remain/progress in the program. Assignments may consist of additional call, repeating rotations, extra educational activities, or others as deemed appropriate by the Program Director. The duration of assignments and probation is at the discretion of the Program Director. Determination of satisfactory completion of assignments/return to good standing will be made by the Program Director in consultation with designated faculty.
- 3. Suspension from duties: Time lost due to suspension must be made up prior to advancement to the next training level and/or graduation, per ACGME requirements. Vacation and/or conference time may be used, if available.
- 4. Non-renewal of contract: When it is anticipated that the contract will not be renewed, or when a resident will not be promoted to the next level of training, the program will provide the resident with a written notice of intent no later than four (4) months prior the end other this contract. If the primary reason(s) for the non-renewal or non-promotion occurs within the four (4) months prior to the expiration of the contract, the program will provide as much written notice of the intention as circumstances will reasonably allow and the resident may have to extend his or her training.
- 5. Dismissal from Program: The resident may be dismissed from the program after repeated attempts to correct deficiencies have failed. The Program Director can recommend dismissal from the residency after consultation with the faculty and review by the DIO, who has final authority or that decision.

Residents subject to delayed promotion or dismissal, or who wish to contest any terms of their promotion, can grieve these decisions as set forth in the Institute's GME Grievance Policy.

Approved By: Date: 6/13/2023 **Designated Institutional Official**